



New York State Medicaid
Drug Utilization Review (DUR) Board
Meeting Summary for May 16, 2024

The Medicaid DUR Board met on Thursday, May 16, 2024, at 10:00am.

The meeting was available for public viewing by way of Meeting Room 3, Empire State Plaza, Concourse Level, Albany, New York.

The meeting was also offered for public viewing at:

- SUNY at Buffalo, School of Pharmacy, Buffalo, NY
- SUNY Global Center, New York, NY
- Live webcast

[Meeting Documents](#)

[Meeting Webcast \(archived\) and Transcript](#)

A. Welcome and Introductions

Department of Health (DOH)

Douglas Fish - Medicaid Medical Director and DUR Board Chairperson

Alisha Betti

Anthony Merola

Amanda Nolan

Jacqueline Sexton

Monica Toohey

DUR Board Members

Location

Lisa Anzisi

SUNY Global Center, New York

Roosevelt Boursiquot

SUNY Global Center, New York

Joseph Chiarella

SUNY Global Center, New York

Donna Chiefari

Empire State Plaza, Albany

Ahloom Alice Choi

SUNY Global Center, New York

Marla Eglowstein

Empire State Plaza, Albany

Swapnil Gupta

Empire State Plaza, Albany

Renate Ignacio

SUNY Global Center, New York

Brock Lape

Empire State Plaza, Albany

Peter Lopatka

Empire State Plaza, Albany

Jadwiga Najib

SUNY Global Center, New York

John Powell

Videoconference under extraordinary circumstances

Tara Thomas

Empire State Plaza, Albany

Magellan Rx Management

Mina Kwon

Amber Small

University at Buffalo (UB) School of Pharmacy and Pharmaceutical Sciences

Linda Catanzaro

Holly Coe

Barbara Rogler

B. Public Comment Period

The following speakers provided public comment to the DUR Board:

<u>Name</u>	<u>Organization</u>	<u>Agenda Item</u>
Omer Aziz	Teva	Movement Disorders
Domenic Mantella	Ascendis	Growth Hormones
Shelly Eagen	Pfizer	Growth Hormones
Paul Isikwe	Biogen	Multiple Sclerosis
Shirley Quach	Novartis	Multiple Sclerosis
Shirley Quach	Novartis	Immunomodulators – Systemic
Dana Canning	GSK	Immunomodulators – Systemic
Daniel Shan	UCB	Immunomodulators – Systemic
Jigna Bhalla	AstraZeneca	Immunomodulators – Systemic
Ann Lyons	Amgen	Immunomodulators – Systemic
Beth Lubelczyk	Lilly	Immunomodulators – Systemic
Aaron Walzer	Pfizer	Immunomodulators – Systemic
Aaron Walzer	Pfizer	Immunomodulators – Topical
Joe Cirrincione	Incyte	Immunomodulators – Topical

C. Preferred Drug Program (PDP) Clinical Review

The DUR Board reviewed clinical information for 9 therapeutic classes:

1. Anti-Fungals - Topical
2. Immunomodulators – Topical*
3. Anabolic Steroids - Topical
4. Growth Hormones*
5. Hemophilia Agents - Factor VIII
6. Immunomodulators - Systemic
7. Anti-inflammatory/Immunomodulators - Ophthalmic
8. Phosphate Binders/Regulators
9. Rosacea Agents – Topical^

* Included clinical criteria updates

^ New therapeutic class added to the PDP

D. Executive Session (PDP Financial Reviews)

The DUR Board recessed to executive session at 1:00pm to review confidential financial information for all 13 PDP therapeutic classes. The DUR Board reconvened to the public session at 2:30pm. No official action was taken during executive session.

E. DUR Board Recommendations – See the table in Section H below

F. Final Comments and Adjournment

Douglas Fish
Anthony Merola
Monica Toohey

Meeting adjourned at 3:00pm

Contact information: DUR@health.ny.gov or 518-486-3209

[Drug Utilization Review \(DUR\) \(ny.gov\)](http://DrugUtilizationReview(DUR)(ny.gov))

G. Commissioner Final Determination – see table below

The impact of the final determinations, associated with the PDP, is as follows:

State Public Health Population:

- Minimal effect on Medicaid members, as a large majority of beneficiaries currently utilize preferred products. Non-preferred products remain available with prior authorization.

Program Providers:

- Minimal impact on Medicaid providers when utilizing preferred products. Providers may need to obtain prior authorization when ordering non-preferred products or preferred products that may have other coverage parameters.

State Health Program:

- Annual gross savings associated with the PDP therapeutic classes reviewed and preferred or non-preferred modifications are estimated at \$6.3 million. The savings would be achieved through utilization changes and the receipt of supplemental rebates.

H. DUR Board's recommendations to the Commissioner of Health

The DUR Board's recommendations to the Commissioner of Health for Final Determination ¹ Changes to the Current PDL	Commissioner's Final Determination				
<p>1. Movement Disorder Agents</p> <table border="1" data-bbox="154 405 1049 678"> <thead> <tr> <th>Preferred Drugs</th><th>Non-Preferred Drugs</th></tr> </thead> <tbody> <tr> <td>Austedo® Austedo® XR ¹ Austedo® XR titration pack ¹ Ingrezza® Ingrezza® titration pack tetrabenazine</td><td>Xenazine®</td></tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	Austedo® Austedo® XR ¹ Austedo® XR titration pack ¹ Ingrezza® Ingrezza® titration pack tetrabenazine	Xenazine®	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs				
Austedo® Austedo® XR ¹ Austedo® XR titration pack ¹ Ingrezza® Ingrezza® titration pack tetrabenazine	Xenazine®				
<p>2. Multiple Sclerosis Agents</p> <table border="1" data-bbox="154 863 1049 1507"> <thead> <tr> <th>Preferred Drugs</th><th>Non-Preferred Drugs</th></tr> </thead> <tbody> <tr> <td>Avonex® Copaxone® 20 mg/mL dimethyl fumarate DR Extavia® ¹ fingolimod (generic Gilenya®) Kesimpta® ¹ teriflunomide (generic Aubagio®)</td><td>Aubagio® Bafiertam™ Betaseron® ¹ Copaxone® 40 mg/mL Gilenya® glatiramer Mavenclad® Mayzent® Plegridy® Ponvory™ Rebif® Rebif® Rebidose® Tascenso ODT™ Tecfidera® Vumerity® Zeposia®</td></tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	Avonex® Copaxone® 20 mg/mL dimethyl fumarate DR Extavia® ¹ fingolimod (generic Gilenya®) Kesimpta® ¹ teriflunomide (generic Aubagio®)	Aubagio® Bafiertam™ Betaseron® ¹ Copaxone® 40 mg/mL Gilenya® glatiramer Mavenclad® Mayzent® Plegridy® Ponvory™ Rebif® Rebif® Rebidose® Tascenso ODT™ Tecfidera® Vumerity® Zeposia®	<p>Approved as Recommended</p>
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3. Anti-Fungals - Topical

Preferred Drugs	Non-Preferred Drugs
ciclopirox 8% solution ¹ ciclopirox cream, suspension, shampoo clotrimazole OTC clotrimazole Rx clotrimazole/betamethasone cream ketoconazole cream ketoconazole 2% shampoo miconazole OTC nystatin cream, ointment, powder nystatin/triamcinolone terbinafine OTC tolnaftate OTC	Alevazol OTC butenafine (generic Mentax®) Ciclodan® cream ciclopirox gel clotrimazole/betamethasone lotion econazole Ertaczo® Extina® Jublia® ¹ ketoconazole foam Loprox® shampoo luliconazole Luzu® Mentax® miconazole/zinc/petrolatum (generic Vusion®) naftifine Naftin® oxiconazole Oxistat® tavaborole ¹ Vusion®

Removal of the existing Anti-Fungals, Topical – for Onychomycosis step therapy parameters as follows:

- trial with an oral antifungal agent prior to the use of ciclopirox 8% solution.
- trial of ciclopirox 8% solution prior to the use of other topical antifungals.

Vote: In favor 14 / Abstentions 0 / Against 0

Approved as Recommended

4. Immunomodulators – Topical

Preferred Drugs	Non-Preferred Drugs
Eucrisa® ¹ pimecrolimus tacrolimus	Elidel® Opzelura® ¹ Protopic®

Removal of the existing step therapy parameters as follows:

- prior authorization requirement for pimecrolimus and tacrolimus.
- step therapy parameter for crisaborole (Eucrisa) and ruxolitinib (Opzelura) – trial with a medium or high potency prescription topical steroid within the last three months.
- frequency/quantity/duration parameters for crisaborole (Eucrisa).

Vote: In favor 14 / Abstentions 0 / Against 0

Approved as Recommended

5. Anabolic Steroids – Topical

Preferred Drugs	Non-Preferred Drugs
testosterone gel packet (generic Vogelxo®) ¹ testosterone gel pump (generic AndroGel®)	Androderm® AndroGel® pump Fortesta® Natesto® ¹ Testim® testosterone gel (generic Fortesta®, Vogelxo®) testosterone gel packet (generic AndroGel®) ¹ testosterone gel pump (generic Axiron®, Vogelxo®) Vogelxo®

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

6. Growth Hormones

Preferred Drugs	Non-Preferred Drugs
Genotropin® Norditropin®	Humatrope® Ngenla™ Nutropin AQ® Omnitrope® Saizen® Skytrofa® Sogroya® Zomacton®

Approved as Recommended

New Prior Authorization/Coverage Parameters

For Growth Hormone Deficiency (GHD)

- Documentation of a recommended GHD diagnostic and / or laboratory test prior to initiating growth hormone (GH) treatment (e.g., provocative test and / or IGF-1 test)

For Growth Hormone Deficiency (GHD) or Short for Gestational Age (SGA)

- Documentation of a recommended GHD laboratory test annually for continuation of GH treatment (e.g., IGF-1 test)
- Documentation of treatment response for continuation of GH treatment (e.g., annual growth velocity)

Vote: In favor 14 / Abstentions 0 / Against 0

7. Proton Pump Inhibitors

Preferred Drugs	Non-Preferred Drugs
esomeprazole magnesium Rx lansoprazole Rx (capsule) lansoprazole capsules OTC lansoprazole solutab OTC omeprazole Rx pantoprazole tablet rabeprazole Zegerid® Rx	Aciphex® Dexilant® ¹ dexlansoprazole (generic Dexilant) esomeprazole magnesium OTC esomeprazole capsules OTC esomeprazole suspension lansoprazole Rx ODT Nexium® RX omeprazole OTC omeprazole / sodium bicarbonate Rx omeprazole / sodium bicarbonate OTC pantoprazole suspension Prevacid® OTC Prevacid® Rx Prilosec® Rx Protonix®

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

8. Hemophilia Agents – Factor VIII

Preferred Drugs	Non-Preferred Drugs
Advate® Adynovate® Afstyla® Altuviiio™ ¹ Eloctate® Esperoct® Hemofil® M Humate-P® Jivi® Koate® Kogenate® FS Kovaltry® Novoeight® Nuwiq® Obizur® Recombinate™ Xyntha® Xyntha® Solofuse	

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

9. Immunomodulators – Systemic

Preferred Drugs	Non-Preferred Drugs
<p> Cosentyx® Dupixent® Enbrel® Fasenra® Humira® Nucala® Xolair® </p>	<p> Abrilada™ (adalimumab-AFZB) Actemra® subcutaneous adalimumab-AACF (gen Idacio®) adalimumab-FKJP (gen Hulio®) adalimumab-ADAZ (gen Hyrimoz®) adalimumab-ADB (gen Cyltezo®) Adbry™ Amjevita™ Bimzelx® Cibinqo™ Cimzia® Cyltezo® (adalimumab-ADMB) Entyvio pen® Hadlima™ Hulio® (adalimumab-FKJP) Hyrimoz® (adalimumab-ADAZ) Idacio® Ilumya® Kevzara® Kineret® Olmiant® Omvo™ pen Orencia® subcutaneous Otezla® Rinvoq™ ER Siliq™ Simponi® Skyrizi® Skyrizi® On-Body Sotyktu™ Stelara® Taltz® Tezspire® pen Tremfya® Velsipity™ Xeljanz® Xeljanz® XR Yuflyma® Yusimry™ </p>

Approved as Recommended

New clinical information presented.
No changes to the therapeutic class.

Vote: In favor 14 / Abstentions 0 / Against 0

<p>10. Anti-inflammatory/Immunomodulators – Ophthalmic</p> <table border="1" data-bbox="167 237 1047 527"> <thead> <tr> <th>Preferred Drugs</th><th>Non-Preferred Drugs</th></tr> </thead> <tbody> <tr> <td>Eysuvis®¹ Restasis® Restasis MultiDose® Xiidra®</td><td>Cequa® cyclosporine (gen Restasis®) Miebo™ Tyrvaya™ Verkazia® Vevye®</td></tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	Eysuvis® ¹ Restasis® Restasis MultiDose® Xiidra®	Cequa® cyclosporine (gen Restasis®) Miebo™ Tyrvaya™ Verkazia® Vevye®	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs				
Eysuvis® ¹ Restasis® Restasis MultiDose® Xiidra®	Cequa® cyclosporine (gen Restasis®) Miebo™ Tyrvaya™ Verkazia® Vevye®				
<p>11. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Ophthalmic</p> <table border="1" data-bbox="167 709 1047 1062"> <thead> <tr> <th>Preferred Drugs</th><th>Non-Preferred Drugs</th></tr> </thead> <tbody> <tr> <td>diclofenac flurbiprofen ketorolac ketorolac LS</td><td>Acular® Acular LS® Acuvail® bromfenac BromSite® Ilevro®¹ Nevanac® Prolensa®</td></tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	diclofenac flurbiprofen ketorolac ketorolac LS	Acular® Acular LS® Acuvail® bromfenac BromSite® Ilevro® ¹ Nevanac® Prolensa®	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs				
diclofenac flurbiprofen ketorolac ketorolac LS	Acular® Acular LS® Acuvail® bromfenac BromSite® Ilevro® ¹ Nevanac® Prolensa®				
<p>12. Phosphate Binders/Regulators</p> <table border="1" data-bbox="188 1245 1040 1598"> <thead> <tr> <th>Preferred Drugs</th><th>Non-Preferred Drugs</th></tr> </thead> <tbody> <tr> <td>calcium acetate Renvela® tablet, powder pack</td><td>Auryxia™ Fosrenol® lanthanum carbonate Phoslyra® sevelamer carbonate powder, tablet (gen Renvela) sevelamer HCl (gen Renagel)¹ Velphoro® Xphozah®</td></tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	calcium acetate Renvela® tablet, powder pack	Auryxia™ Fosrenol® lanthanum carbonate Phoslyra® sevelamer carbonate powder, tablet (gen Renvela) sevelamer HCl (gen Renagel) ¹ Velphoro® Xphozah®	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs				
calcium acetate Renvela® tablet, powder pack	Auryxia™ Fosrenol® lanthanum carbonate Phoslyra® sevelamer carbonate powder, tablet (gen Renvela) sevelamer HCl (gen Renagel) ¹ Velphoro® Xphozah®				

13. Rosacea Agents – Topical

Preferred Drugs	Non-Preferred Drugs
azelaic acid metronidazole cream, gel	Finacea® ivermectin metronidazole gel pump, lotion Noritate® Rosadan®

Approved as Recommended

Removal of the existing Rosacea Agent step therapy parameter as follows:

- Trial with a topical metronidazole product (of note: this step therapy parameter did not apply to azelaic acid).

New therapeutic class added to the Preferred Drug Program (PDP).

Vote: In favor 14 / Abstentions 0 / Against 0